is known under the name of *seborrhœa*. It is most commonly seen on the hairy scalp on the face near the ear muscles, more rarely upon the extremities and upon the genitals. For these affections of childhood, glycerine may be prescribed with special advantage. It acts excellently in softening the hardened masses of sebum on the surface of the skin, and in diminishing the irritation of the affected organs. In conjunction with borax, zinc, and acetate of lead, it also diminishes the amount of secretion. In many instances its use must be continued for a considerable period in order to effect a cure. Glycerine proves equally useful in those abnormal conditions of the skin that are characterized by a diminution of the sebaceous secretion, and which in high degrees lead to pityriasis. In this harsh state of the skin, glycerine acts well, restoring, when rubbed into it, its softness and natural elasticity. The anhydrous glycerine should be used in both conditions.—*The Practitioner*, June, 1871.

8. *On Phosphorus as a Remedy in Skin Diseases.*—Dr. BROADBENT read a paper on this subject before the Clinical Society of London. If the action of remedies and poisons on the human organism is due to their chemical properties, substances allied chemically ought to have an analogous physiological and therapeutical influence, or the diversity in their action ought to be explicable on chemical grounds. In other words, chemical groups should form therapeutical groups. The investigation suggested by these considerations is as follows: Given a distinct and well-ascertained physiological or therapeutical effect, can results in any way similar be obtained from the chemical allies of the body producing it? The group of which phosphorus is the head chemically, and of which arsenic is the chief representative in therapeutics, affords an opportunity for the application of this test. Its four members, phosphorus, arsenic, antimony, and bismuth, stand in the order named in regard to equivalent numbers, physical properties, and chemical energy; and their compounds with other elementary bodies form analogous series. Excluding bismuth, which, from its feeble affinities and tendency to form insoluble compounds, may be considered inert, there is in the mode of action of phosphorus, arsenic, and antimony, as poisons, and in the tissue-changes they induce, a parallelism as remarkable as that of the chemical properties of these bodies, both in the energy and in the character of the physiological effects. The opportunity for bringing out further therapeutical parallelism is furnished by the well-known curative action of arsenic in certain forms of skin diseases, such as some forms of eczema and psoriasis. Cases of this kind were taken, and, instead of arsenic, phosphorus was given. Two grains of this substance were dissolved in oil, and from three to seven drops of the solution were given, usually in mucilage, three times a day after meals. Six cases of eczema were related, and in all but one of which the phosphorus was decidedly beneficial. The most striking case was that of a girl, aged 12 years, who had had eczema of the scalp, extending down upon the forehead and face, for three months. She took first four, and afterwards five minims of the phosphorated oil for three months without any external application, when it was discontinued on account of sickness, the eruption having almost disappeared. Three weeks later it was resumed, and after a fortnight all that remained was slight redness and scurfiness of the scalp. With the aid of creasote and red oxide of mercury ointment, the skin ultimately became healthy. The cases of psoriasis were also six in number, two out of which proved rebellious, not only to phosphorus, however, but to arsenic, and all treatment, general and local. In one case, that of a man aged 22, psoriasis had been present more or less from the age of 4 or 5; the patches were large and numerous, and had an inveterate look. He took the solution of phosphorus in doses of from five to eight drops. On two occasions the psoriasis completely disappeared without the use of any local application, and a third time with the aid of creasote and ammonio-chloride of mercury ointment; but his attendance was irregular, and during the twenty-one months that he was more or less under observation, he contracted first gonorrhœa and then syphilis (aphrodisia from phosphorus?), and he ceased to attend at the hospital while the evolution of cutaneous syphilis in a "dartrous" subject was being watched. The object of the communication was not to bring forward a new remedy for skin diseases, but to exhibit one more

analogy between phosphorus and arsenic. If phosphorus, however, were as manageable and as little disagreeable as arsenic, it would probably, according to Dr. Broadbent's experience, be found superior in efficacy.—*Medical Times and Gaz.*, April 29, 1871.

9. *On the Effect of Iodine in Passive Congestions.*—Dr. J. B. Schmitt adduces (*Schmidt's Jahrbücher der Gesammten Med.*, Dec. 1870) a number of cases of illness in which he employed iodine with the most satisfactory results. In all these cases passive congestion very probably lay at the foundation of hemorrhage, and this appeared to be the indication for the use of iodine. One of the cases was that of a female, who was chlorotic and suffered from nervous headaches, and whose menses returned every fortnight accompanied by depressing diarrhœa. After all ordinary remedies had been employed without effect for seven years, iodine was given every two hours in the form of pill, and in the dose of six milligrammes (a milligramme is $\frac{1}{1000}$th of fifteen grains). There was very soon a decided improvement in the symptoms, and the diarrhœa also ceased. The use of the iodine was continued for a considerable time, and the menses returned only every four weeks and the patient was cured. When the inconvenience appeared likely to return it was prevented by the use of the iodine. In other cases of profuse menstruation, Dr. Schmitt employed the remedy with equal success, as also in giddiness, headache, and epistaxis resulting from anæmia. He thinks that small doses are more useful than large ones, a drop of the tincture being a sufficient dose. He found iodine especially serviceable in some cases of diarrhœa which appeared to depend upon paralysis of the ganglionic nerves, and in cholera, the cause of which is, perhaps, to be sought in this lesion. (Reference is made to the experiments of Samuel, who found, after extirpation of the solar plexus, great congestion of blood in the intestinal mucous membrane, and a decidedly increased secretion in the intestines.)—*Brit. and For. Med.-Chir. Rev.*, April, 1871.

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10. *War-typhus and Diarrhœa.*—Rudolf Virchow, in an article on this subject (*Virchow's Archiv*, Jan. 1871), begins with the statement that the late war has disproved several dogmas which many thought to be established, and one of these is that severe pestilences in armies on the field belong to history. At the beginning of the war this dogma seemed proved, the armies were exceptionally healthy, but when Metz had been invested then there was a change. The region around Metz, as it has been the seat of repeated campaigns, has also been the scene of repeated war pestilences, and, in the present case, already in the middle of October 50,000 had been sent home sick or wounded from before Metz, while at the capitulation 25,000 were found in hospitals inside the city. In previous publications Virchow has shown that in former wars it has been generally exanthematic typhus or our common typhus fever, which has been the pestilence that formed the scourge of armies on the field. But in the case of the American war this general rule was departed from: there it was chiefly typhoid fever, or abdominal typhus, which attacked the armies, and the late war has agreed with the American in this respect, the fever which prevailed in the armies on the field was chiefly typhoid, though in addition there were a few cases of relapsing fever. The discussion as to the distinction between typhoid and typhus fever, or, as the Germans name them, abdominal and exanthematic typhus, is pretty fully gone into, and the essential character of typhoid is made to depend on the infiltration of lymphoid cells into and around the follicles of the intestine and into the mesenteric glands. After such infiltration has taken place resolution may occur, and the disease go through its course without ulceration either in the intestine or in the mesenteric glands. The anatomical